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November 23, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L4-L5, L5-S1 Selective Nerve Root Block

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This reviewer is a Board Certified Physical Medicine and Rehabilitation Doctor with over 20 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is female who was injured at work on XX/XX/XX when she slipped and fell, twisting her back and injured her neck. She underwent cervical spine surgery and fusion to the S1 joint on the right.

10/26/2010: Office Visit. **HPI:** The patient complains of bilateral lower lumbar pain. Current VAS 9/10. The symptoms are worse since last evaluation. The patient also complains of bilateral lower extremity pain in the hip posteriorly, calf posteriorly, dorsal foot, plantar foot and heel, cramping in the calf posteriorly and numbness in the thigh laterally. Current VAS 9/10. The symptoms are worse since last evaluation. Current treatment: Activity modification and medications. The current treatment is providing little relief of current symptoms. Patient reports distal numbness and weakness and weakness in the limbs. **Current Medications:** Synthroid, Amitiza, Cetrizine, Aspirin, Calcium supplements, Vitamin C, Vitamin E, Vitamin D, Flax Seed Oil, Selonium, Milk Thistle and Fish Oil, DHEA. Octivite, Collegen, LIPO BC, GTF Chromium, Glutamine, Effexor, Lyrica, Potassium, Prevacid, Propoxy-N-apap. **Exam:** Well developed, well nourished, moderately overweight. Motor exam showed no evidence of any weakness bilateral L1-S1. Reflexes: Bilateral patellar (L4): 2+/5. Bilateral Achilles (S1): 0+/5. Straight leg raise testing while seated was positive bilaterally for hip pain. Usual pain is aggravated with flexion. **Diagnosis:** Radiculopathy secondary to Lumbar Disc Displacement bilateral L5 and bilateral S1 levels.

03/02/2011: MRI Spine Cervical W/O Contrast. **Impression:** 1. Pregenerative disc disease with associated disc bulge and likely osteophyte complex from C3-C4 through C5-C6 without significant spinal or neural foraminal

stenosis. 2. Prior fusion of the C6 and C7 vertebral bodies. Correlate with surgical report.

10/18/2011: MRI Spine Lumbar W/O Contrast. **Impression:** Bulging discs and facet hypertrophy L4-L5 and L5-S1

05/23/2013: Office Visit. **HPI:** Having increasing leg/foot symptoms. Using a preparation called "Leg Cramp" that has Quinine without success. It does help somewhat. Drinking pickle juice. States that the epidural injections have been among the most helpful treatments. **Exam:** Patricks Faber: positive left, positive right. SLR: radiates right below knee and left below knee. ROM: decreased active ROM with limiting factors of pain. **Assessment/Plan:** Schedule for Epidural Steroid Transforaminal-Lumbar. Patient has undergone successful previous initial phase epidural steroid injections with 50-70% relief for at least 6-8 weeks. There has been an acute exacerbation of pain or new onset of radicular symptoms.

01/13/2015: Office Visit. **HPI:** The patient presents with return of lumbosacral pain, Charlie horses in the bilateral legs and stabbing pain in bilateral heels. This cramping is making it more challenging to ambulate. To a lesser degree, she has stabbing pain in the low back. Her last injection was in June 2014. She noted >70% relief of symptoms from the injections. She did well until sometime in December (xxxxxx). During the relief period, she was able to decrease her analgesic needs. She now has had to increase her amount of analgesics. She has been active, participating in pool therapy 3 x per week, shopping and her general ADL's. **Physical Exam:** Gait: normal, Skin: normal, Muscle tone LE: lower extremity muscle tone is normal, Muscle tone para: paraspinous tone is normal, Spasm: moderate, Posture: normal, Tenderness/Referral pain: piriformis, paravertebral (over the facet region), gluteus medius, gluteus minimus right, Greater Trochanter: right-painful, left-painful, Buttock: right-painful, left-painful, SI Joint: right-painful, left-painful, Patrick's Faber: right-positive, left-positive, SLR: right-<30° radiates to foot, left--<30° radiates to foot, Range of Motion: decreased active ROM with limiting factors. **Assessment/Plan:** Radiculitis, Thoracic or lumbar. She will be scheduled for EST-Lumbar. She is to schedule a follow-up as needed. 1. Patient has undergone successful previous "initial phase" and therapeutic phase ESI's with 50-70% relief for at least 6-8 weeks. 2. There has been an acute exacerbation of pain/radicular symptoms.

07/30/2015: Initial Consultation. **HPI:** Patient presents with headaches, light sensitivity, spine pain, muscle pain, numbness or tingling, loss of balance or coordination, isolated weakness. **Exam:** Sensory: pinprick sensation decreased (hypalgesia) in the bilateral L5, Motor: no evidence of any weakness bilateral L1-S1. Reflexes: Bilateral patellar (L4): 2+/5. Bilateral Achilles (S1): 0+/5. The patient's gait is antalgic and slow and guarded. Special Neuro: straight leg raise testing while seated was positive bilaterally for radiating leg pain and low back pain. Lumbar Spine: ROM limiting in flexion by pain and extension by pain. Lumbar MRI: Disc herniations at L4-5 and L5-S1 with foraminal stenosis at L4-5 and L5-S1. **Impression/Diagnosis:** Post-operative Lumbar Spine s/p Lumbar Laminectomy. Radiculopathy secondary to Lumbar Disc Displacement to bilateral L5 and Bilateral S1 levels. Failed bilateral SIJ fusion.

09/25/2015: MRI Spine Lumbar W/WO. **Impression:** 1. Mild multilevel degenerative disc disease of the lumbar spine with changes more prominent at L4-L5 and L5-S1. Moderate left neural foraminal narrowing is present at L4-L5.

09/28/2015: MRI Spine Cervical W/WO. **Impression:** 1. No fracture or malalignment of the cervical spine. No abnormal post contrast enhancement. 2. Post-operative changes from anterior fusion of C6-C7. 3. Moderate multilevel degenerative disc disease of the cervical spine from C3-C6 . Mild to moderate posterior disc bulges are present at each level from C3-C6 without significant central canal stenosis. 4. Moderate bilateral neural foraminal narrowing at C4-C5. 5. Prominent right posterior osteophyte formation at C6-C7, extending into the vestral epidural space and right neural foramen. This abuts the exiting right C7 nerve root. There is no definitive neural impingement. Recommend correlation with clinical presentation.

10/14/2015: UR. **Rationale for Denial:** The patient is a female who sustained an injury to her lower back XX/XX/XX. She is diagnosed with L5 and S1 radiculopathy and lumbar disc displacement. A request is made for selective nerve root blocks at bilateral L4-L5 and L5-S1. Documented treatments included muscle relaxants, opioid analgesics, anticonvulsants, anti-inflammatory medications, pool therapy, and lumbar transforaminal ESI's,

the most recent of which was on 1/27/15. Per the most recent progress report dated 7/30/15, the patient presented with low back and bilateral lower extremity pain, associated with cramping and numbness. On examination, sensation to pinprick was decreased along the distribution of L5 bilaterally. There was no evidence of weakness along the distribution of L1 to S1, and muscle tone was normal. Deep tendon reflexes of eh bilateral Achilles were graded 0+/5, and patellar reflexes were graded 2+/5. Seated straight leg raise testing was positive bilaterally, and ROM was limited on flexion and extension by pain. Her medications included Synthroid and hydrocodone/acetaminophen. An MRI of the lumbar spine on 9/25/15 by revealed mild, multilevel degenerative disc disease of the lumbar spine with changes most prominent at L4-5. A request was made for bilateral selective nerve root blocks. Guidelines state that in the therapeutic phase, additional/repeat blocks may be supported if the initial injection is found to produce pain relief of at least 50-70% for at least 6 to 8 weeks, with an associated continued objective documented pain relief, decreased need for pain medications, and functional response. There was no documentation of adequate and sustained pain relief from the lumbar ESI's performed. In addition, there was no evidence of failure of recent conservative care including physical therapy and medications supporting the request for selective nerve root blocks. Given these issues, the medical necessity of this request is not established.

11/09/2015: UR. **Rationale for Denial:** The request for Bilateral L4-L5, L5-S1, selective nerve root block; 64483 bil, and 64485 bil, is non-certified. The patient has complaints of low back pain. The patient has previously undergone a number of injections in the lumbar region, to include epidural steroid injections for therapeutic purposes. Selective nerve blocks are indicated for patient with radicular pain and imaging studies are inconclusive. The most recent MRI of 9/25/15, revealed mild right and moderate left foraminal narrowing as well as mild bilateral neural foraminal narrowing. The clinical exam revealed decreased sensation in the bilateral L5 dermatomes. Minimal information was available regarding the patient's response to the most recent injections in the lumbar region. Given the definitive findings identified on the most recent MRI and taking into account the clinical exam confirming the presence of radiculopathy in the L5 distributions as well as the lack of information regarding the patent's response to the most recent lumbar injections, it is unclear if the patient would benefit from diagnostic injections. Therefore, the request is not indicated.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Denial of selective nerve root blocks bilateral L4-5 and L5-S1 is OVERTURNED/DISAGREED with after review of additional medical records after the 2 previous utilization reviews. There is documented relief from previous ESI's with 50-70 % relief for 6-8 weeks resulting in a reported decrease in pain medication with gradual increase in pain over 6 months with recent documented exam findings of objective radiculopathy (positive bilateral SLR and sensory deficits bilateral L5) corroborated by recent MRI findings of disc changes and foraminal narrowing at requested levels and continuation of conservative care with medications, consistent aquatic exercise program and activity modification.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**